

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10411

20410

3

4 1

5 1

6

7 1

8 2

94501

10

11

12 2-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 12

STATE FILE NUMBER

FILED FEB 11 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Bethany

Length of stay in 1b.

20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Reid Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

Inside Limits

Yes ☐ No ☒

c. CITY

Bethany

OR
TOWN

d. STREET

ADDRESS

(If outside, give location)

10 miles SE of Bethany

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Leota

Jane

Musick

4. DATE

OF
DEATH

Month

Day

Year

February

8,

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-6-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Rooks County, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jasper Northcutt

13b. MOTHER'S MAIDEN NAME

Hannah Magee

14. NAME OF HUSBAND OR WIFE

Walter L. Musick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Walter Musick R.R.3 Bethany, MO.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho-Pneumonia

INTERVAL BETWEEN

ONSET AND DEATH

48 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral Hemorrhage with hemiplegia

15days

DUE TO (c)

Arteriosclerotic Gangrene Left Leg

4 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female, was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

1-26-63

2-8-63

2-8-63

21. I attended the deceased from

12:55 P.M.

to and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Bethany, Mo.

22c. DATE SIGNED

2-9-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

Feb. 10, 1963

23c. NAME OF CEMETERY OR CREMATORY

Foster Cemetery

23d. LOCATION (City, town, or county)

New Hampton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. George Noble

Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

2-9-1963

26. REGISTRAR'S SIGNATURE

Gella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William George Noble

Licensed Embalmer No.

4987

P. O. Address

Bethany, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.